

MONTANA PEACE OFFICERS STANDARDS AND TRAINING ADVISORY COUNCIL
3075 N. Montana, PO BOX 201408, Helena, MT 59620-1408
Phone 444-3605 Director, Administrative Support 444-4108 or 846-1320 ext. 2307, FAX 444-4722, or
TTY Phone 444-7099

NOTICE OF OFFICER HIRE/TERMINATION SLIP

Please indicate your field of employment:

- | | | |
|--|--|--|
| <input type="checkbox"/> Peace Officer | <input type="checkbox"/> Public Safety Communication Officer | <input type="checkbox"/> ADULT Probation & Parole Officer |
| <input type="checkbox"/> Corrections / Detention Officer | <input type="checkbox"/> Motor Carrier Services Officer | <input type="checkbox"/> JUVENILE Probation & Parole Officer |
| <input type="checkbox"/> Coroner | <input type="checkbox"/> Deputy Coroner | <input type="checkbox"/> Other |

AGENCY NAME: _____

ADDRESS: _____

HIRE

TERMINATION

Officer's Last Name First Name MI

Date of Birth _____

SSN _____

Date of Hire _____

Rank/Title: _____

Previous Employer: _____

Dates Employed at Previous Agency:

From _____ to _____

Officer's Last Name First Name MI

Date of Birth _____

SSN _____

Dates of Employment: _____ to _____

Rank/Title: _____

Class of Termination:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Resigned | <input type="checkbox"/> Deceased |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Medical Disabled |
| <input type="checkbox"/> Involuntary | |

I certify the above information is true and meets requirements of the State of Montana and the Board of Crime Control.

Official Name (Sheriff, Police Chief, Mayor, etc.) _____

Date _____

***This form is to be completed and forwarded to the POST
Advisory Council with 10 days of hire or termination
per 7-32-303, MCA.***